**2019-2020 BHS GRANT REQUEST FORM**

 Requestor Name(s):

Approximately   $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of need or project (include or attach a total list of expenses):

Number of students served:

How project will improve student learning, health, or school environment:

**RETURN TO DEPARTMENT HEAD BY*February 28th.***